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**FORM** 

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Typed or printed name

Signature

Elaine C. Stracker

10/768,293 1/29/2004 Filing Date Joshua D. Rabinowitz First Named Inventor Art Unit 1616 **Examiner Name** 

00035.09CON

DEC.

Date

1 3 2004

PTO/SB/21 (08-03)

		ENCLOSU	IRES (check all that apply	<i>(</i> )						
Fee Transmittal Form		Drawing(s)			After Allowance communication to Group					
Fee A	Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply		Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
Afte	r Final	Petition to Convert a Provisional Application			Proprietary Information					
Affid	lavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence			Status Letter					
Extension of	Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):					
Express Abandonment Request		Request for Refund			<ol> <li>Request for Withdrawal as Attorney or Agent (in triplicate) pages</li> </ol>					
Information D	Information Disclosure Statement		ber of CD(s)		2. Return Receipt Postcard					
Certified Cop	py of Priority	Remarks		<u> </u>						
Response to	o Missing Parts/		1							
Res	ponse to Missing Parts									
unde	er 37 CFR 1.52 or 1.53	_								
	SIGNATUR	RE OF APPLICAL	NT, ATTORNEY, OR AGEN	IT						
Firm or Individual name	Elaine C. Stracker - 4	13,166								
Signature	Them (	1 Sh	o cal							
Date	DEC. 1 3 2004	<i>y</i>								
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Attorney Docket Number

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the DE 1 6 MICH

PTO/SB/83 (06-03)
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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/768,293					
Filing Date	1/29/2004					
First Named Inventor	Joshua D. Rabinowitz					
Art Unit	1616					
Examiner Name						
Attorney Docket Number	00035.09CON					

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
I hereby apply to withdraw as attorney or agent for the above identified patent application.									
The reasons for this request are:									
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.									
		CORRI	ESPONDENCE A	DDRE	SS	<u> </u>		······································	
1. The correspond	onden	ce address is N	OT affected by th	is with	drawal.				
2. A Change the	corres	pondence addr	ess and direct all	future	corresp	ondence	to:		
Customer Numb	Customer Number								
Firm or Individual Name IP Department (Alexza MDC)									
Address		1001 East Mead	ow Circle						
Address									
City		Palo Alto			State	CA		ZIP	94303
Country									
Telephone					Fax				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number									
This request is enclosed	d in <b>tri</b> p	licate (including	any attachments).						
Name E	Elaine C	. Stracker				<del></del>			
Signature Registration No. 43,166									
Date	DEC. 1	3 ZUU+ -							
NOTE: Withdrawal is ef approval of withdrawal a withdraw is normally dis	and the	expiration date	rather than when re of a time period for	respon	. Unless se or pos	there are ssible exte	at lea ension	st 30 da period,	ys between the request to

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Filing Date	1/29/2004
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The reasons for t	The reasons for this request are:							
		he reason that the Assignee heir own patent prosecution	_	the attor	ney of reco	ord as	an emplo	yee. The
		CORRESPOND	ENCE ADDRE	SS	_			
1.  The corres	ponden	ce address is NOT affect	cted by this with	ndrawal.				
2. X Change th	e corres	pondence address and	direct all future	corresp	ondence	to:		
Customer Num	nber							
Firm or Individual Name IP Department (Alexza MDC)								
Address		1001 East Meadow Circle						
Address	_							
City		Palo Alto		State	CA		ZIP	94303
Country								
Telephone		<u> </u>		Fax				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number								
This request is enclose	ed in tri	olicate (including any attac	chments).					
Name	Elaine C	. Stracker						
Signature	Ulu	Jush	5	Registra	tion No.	43,10	56 	
Date	DEC. 1							····
NOTE: Withdrawal is approval of withdrawa withdraw is normally o	al and the	when approved rather that expiration date of a time red.	n when received period for respon	l. Unless ise or po	there are ssible exte	at lea ension	st 30 da period,	ys between the request to

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number 10/768.293

## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**

Application Number	10/768,293
Filing Date	1/29/2004
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1616
Examiner Name	
Attorney Docket Number	00035.09CON

To: Commissioner for Patents P.O. Box 1450								
Alexandria, VA 22313-1450								
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for this	The reasons for this request are:							
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.								
Assignee is currently had	nanng t	neil own patent prosecution.						
		CORRESPONDENCE ADD						
1. The correspond	onden	ce address is NOT affected by this	withd	drawal.				
2. 🛛 Change the	corres	pondence address and direct all ful	ture c	corresp	ondence	to:		
Customer Number	er							
OR								
Firm or Individual Name		IP Department (Alexza MDC)						
Address		1001 East Meadow Circle						
Address								_
City		Palo Alto		State	CA		ZIP	94303
Country			·					
Telephone				Fax				
This request is ma	ade on	behalf of myself and						
all the attorne								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
This request is enclosed in triplicate (including any attachments).								
Name E	Claine C	C. Stracker		D = = '-4	Car No	42.1	"	
Signature Registration No. 43,166								
Date DEC. 1 3 2004								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

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